



NOTE: When filled out, this form is subject to the Privacy Act of 1974, and must be safeguarded appropriately.

NAME OF PATIENT	SOCIAL SECURITY NUMBER
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***I have read the information contained in the "important information" form(s) about the disease(s) and the vaccine(s). I have had an opportunity to ask questions which were answered to my satisfaction. I believe I understand the benefits and risk of the vaccine(s) and request that the vaccine(s) indicated below be given to me.

ALLERGIES (<i>List</i>)	* I have asked about prior immunization and reactions, according to responses received, no reactions have occurred.
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[illegible][illegible]